

AMHERST HEALTH DEPARTMENT
70 BOLTWOOD WALK • AMHERST • MA • 01002
Office (413) 256-4077 Fax (413) 256-4053
Environmental Health (413) 256-4033
www.amherstma.gov

FARMERS MARKET APPLICATION

_____, 200__

Annual Fee (Season) - \$45.00

Name_____

Address_____

Phone Number_____

Items for Sale_____

Signature_____

Social Security Number or Federal Identification Number

Please fill out form in its entirety and send along with a check made out to the **Town of Amherst** for \$45.00 which is the fee for the permit.

WORKERS COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 #25C (6))

I, _____ do hereby certify that:

1. ☐ I am an employer providing the following workers compensation coverage for my employees_____ (policy # / insurance company)

2. ☐ I am not required to have workers' compensation insurance under M.G.L. c/ 152, Sect. 25 (c) (6)

***Any applicant that checks #1 above must also fill out the Worker's Compensation Affidavit.**

Please Note The Following Late Fees Will Be Enforced

First 30 Days Overdue \$50.00..... 60 Days & Each Month Thereafter \$100.00

**Return to: Environmental Health Services
Bangs Community Center, 2nd Fl
70 Boltwood Walk
Amherst, MA 01002**

Make Check Payable to: Town of Amherst